CALIFORNIA HAZARDOUS WASTE MANIFEST 1 Manifest State Department of Health Services See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 SFUND RECORDS CTR (4) Alternate TSD Facility GENERATOR (Generator Must Complete) Designated TSD Facility (Authorized to operate under an approved state program or federal program) ALUMINUM COMPANY OF AMERICA 999000919 OPERATING INDUSTRIES, INC. VERNON, WORKS CHEMICAL WASTE MANAGEMENT INC (2) Name Name Name CAT 00000646 EPA NO. EPA NO. EPA NO. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Address P.O. Box 1104, 430 W. Elm Ave. 5151 Alcoa Ave. Address Coalinga, Ca. 93210 Monterey Park. Ca. Vernon, Ca. City, State, Zip 5) U.S. DOT PROPER SHIPPING NAME UNITS VOLUME CONTAINERS NUMBER: . TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK DUMP TRUCK WASTE □ OTHER (8) GENERATING PROCESS Aluminum Fabrication (7) EX. HAZ. WASTE PERMIT NO. _ (6) WASTE CATEGORY..... CONC. RANGE LIST COMPONENTS: LOWER UNITS UNITS (e) □ % □ ppm. □ % □ ppm 100 □ % □ ppm. Non Hazardous Material (10) WASTE PROPERTIES: pH-☐ Toxic ☐ Flammable Corrosive/Irritant ☐ Reactive Sensitizer ☐ Carcinogen/Mutagen ☐ Slurry XOther Aluminum Oxides & Water X Liquid X Sludge ☐ Gas (12) SPECIAL HANDLING INSTRUCTIONS: ☐ Goggles ☐ Gloves Respirator Other ____ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 ignature of Author TRANSPORTER (HAULER MUST COMPLETE) (14) NAME _ ASBURY OIL CO. CAD028277036 EPA NO. 13419 Halidale Avenue PHONE NO. (213) 321-1392 ADDRESS Gardena, California 90249 CITY, STATE, ZIP_ Signature of Authorized Agent and Title TSD FACILITY (FACILITY OPERATOR MUST COMPLETE) ML18 QUANTITY (If Measured) (1088) HANDLING OR DISPOSAL METHOD: Y 19 STATE FEE (If Any)_____ EPA NO. ☐ Surface Impoundment ☐ Landfill PHONE NO. _ ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) SHIPMENT: ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE. SPECIFY THE DESIGNATED TSD FACILITY: (22) NAME EPA NO. Date Accepted